

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| TOTAL CLAIMS | | | |
|----------------------------------|--|--------------|--------------------------|
| FOR | | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | | minus 20 = | |
| INDEPENDENT CLAIMS | | minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OTHER THAN
OR SMALL ENTITY

| RATE | FEES | RATE | FEES |
|-----------|--------|--------------|--------|
| BASIC FEE | 150.00 | OR BASIC FEE | 300.00 |
| XS 25= | | OR XS50= | |
| X100= | | OR X200= | |
| +180= | | +360= | |
| TOTAL | | OR TOTAL | |

CLAIMS AS AMENDED - PART II

7/31/06 (Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|------------------|
| | Total | Minus | | |
| Independent | 6 | Minus | 5 | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> | |

SMALL ENTITY

OTHER THAN
OR SMALL ENTITY

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| XS 25= | | OR XS50= | |
| X100= | | OR X200= | |
| +180= | | +360= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|------------------|
| | Total | Minus | | |
| Independent | Minus | --- | --- | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> | |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| XS 25= | | OR XS50= | |
| X100= | | OR X200= | |
| +180= | | +360= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

(Column 1) (Column 2) (Column 3)

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|---|-------|---|------------------|
| | Total | Minus | | |
| Independent | Minus | --- | --- | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> | |

| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
|------------------|------------------------|---------------------|------------------------|
| XS 25= | | OR XS50= | |
| X100= | | OR X200= | |
| +180= | | +360= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

* If no entry is made in column 1, enter "0" in column 2.

* If the "Highest Number Previously Paid For" in this space is less than 20, enter "20".

* If the "Highest Number Previously Paid For" in this space is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.